APRIL, 1952
Volume 3 Number 4

Mental Hospitals

"WORKING PROGRAMS IN MENTAL HOSPITALS"
THE PROCEEDINGS OF THE THIRD MENTAL HOSPITAL INSTITUTE NOW AVAILABLE
ORDER FORM ENCLOSED

Published by
AMERICAN PSYCHIATRIC ASSOCIATION

THE EMOTIONAL ASPECTS OF TUBERCULOSIS

By Eugene Davidoff, M.D., Chief Psychiatrist, Ellis Hospital, Schenectady, N. Y.

ALTHOUGH sporadic psychiatric studies of tuberculosis patients in institutions have been made, so far as we know they have never been undertaken with the complete psychological coverage which this study represents. The Sunmount Plan called for the residence at the hospital of a psychiatric team made up of a chief psychiatrist, an assistant psychiatrist, a psychologist, a social worker and a psychiatric nurse. The team's function was not only to accumulate information and explore existing personality problems in tuberculosis, but to act as an active resident unit during its stay, with the purpose of perfecting such units for eventual application in other tuberculosis hospitals, veteran and non-veteran.

Dr. Davidoff in 1948-49 headed a team appointed by the P & N Division of the VA to study the emotional aspects of tuberculosis. This study was carried out in cooperation with the VA Tuberculosis Division at Sunmount Hospital, N. Y. and was known as The Sunmount Study. Dr. Davidoff has prepared this abstract of his report especially for MENTAL HOSPITALS.

The Sunmount Study was undertaken as a pilot study of the emotional aspects of pulmonary tuberculosis in 20 patients in a Veterans Hospital population. It demonstrated the usefulness of a thorough personality study of patients in planning more comprehensive treatment. It indicated that behavior in the hospital was consistent with earlier behavior patterns in the life history of the individual, and that knowledge of the patient's personality history is, therefore, useful for prognosis, practical management and psychotherapy. It was also the conclusion of the team that too much could not be expected of the tuberculosis specialist in the cure, either physical or mental, of patients with the following personality patterns: the patient who is psychotic or borderline; the antisocial individual or the person who had engaged in a life-long history of misconduct; the excessively alcoholic; the hypomaniac or severely depressive; the mentally defective or the excessively neurotic.

The question of the prevailing or most frequent mood of patients became a matter of our special interest. Our own findings, as well as those of other investigators, show that depression is actually the most frequent. Depression appeared clearly in many patients, and there were traces of this reaction at some time in most of the patients.

Our own psychiatric team found that mild swings in mood represented a common tendency, with depressive reactions predominating. Later reconstruction of the premorbid personality from the history gave the impression that such a tendency towards swings in mood was the most general personality trait encountered in the group. This tendency has been evoked by other crises in addition to the tuberculosis, both in civilian and military life. These reactions might be best referred to as sub-clinical since the past histories revealed that the prevalence of generally accepted psychiatric categories among the 20 patients was not remarkable. One patient among those with a history of mood swings was psychotic; and three patients were diagnosed as either schizophrenic or suffering from definite manic depressive insanity. Two showed evidence of long-standing psychoneuroses, and two had a history of anti-social aggressive reaction on the border of psychopathic personality.

In cases of tuberculosis, as in all organic conditions that have emotional components, a good psychosomatic history is essential. This is a necessary starting point for investigation or psychotherapy; when the material is gathered skilfully, such history-taking in itself may have a therapeutic effect.

Although the team program called for emphasis on investigation and no extensive psychotherapy was attempted, the process of history-taking and interviewing in the personality field had a psychotherapeutic effect in certain cases. In addition to this general beneficial effect, the team member handling a patient had in mind implications of treatment and utilized the opportunity to carry these out where possible. It has been repeatedly demonstrated with groups of various kinds that, by expressing complaints and dissatisfactions, not only have individuals themselves often been relieved through the expression of their resentment, but the general morale of the groups is improved. Dissatisfaction with progress of treatment, with conditions at home or with conditions in general are often expressed through criticism of the hospital personnel, the treatment regimen, and particularly of food, the most convenient whipping boy. Although such "grousing" may represent a necessary safety valve if a better therapeutic outlet is not at hand, such complaints are liable to be diffused generally and impair general morale. The psychiatric unit did not remain at Sunmount long enough to measure the general effects of its presence, but the definite impression was gained that some of this type of group therapy was set in operation.

An attempt was made by the psychiatrists and team personnel to guide the aggression and hostility into more constructive channels, such as planning and working for the future, use of the educational and rehabilitation program, and so on. In some patients, expression of anxiety over increased inactivity gave opportunity for the team member to give reassurance and stimulation toward activity that they were considered physically able to tolerate. No attempt at prolonged psychotherapy was made, but recommendations were made concerning patients for whom such therapy was indicated. Research into the effect of intensive psychotherapy in selected cases is on the agenda for the next project.

A psychosomatic relationship between symptoms and events which were associated with guilt was found to occur. The onset of symptoms also was related to emotional stress in many of the cases.

Adjustment to the hospital, and reaction to the hospital procedures was found to depend a great deal on the personality of the patient and the understanding by the clinician. While, as this study revealed, a coordinated neuro-psychiatric team effort is very desirable in order to treat tuberculosis adequately, the tubercular clinician is still the key man in the situation.

Reaction to bed rest and thoracoplasty depend a great deal on understanding of the individual. In dependent individuals absolute bed rest frequently may enhance the neurosis. In restless individuals it may increase their aggression. In thoracoplasty, because of the fear of the knife or of surgery, and fear of deformity, adequate preparation and explanation to the patient is necessary prior to engaging in the procedure, and the individual chosen should be carefully selected. For individuals who are very poorly adjusted, such as psychotics, severely anti-social individuals, neurotics,

(Continued on Page 8)

RECREATION

RADIO PROGRAMS BRING THE HOSPITAL TO THE PEOPLE

A NUMBER OF MENTAL HOSPITALS are applying a Mohammed-and-the-mountain technique to instruct the general public in the ways of mental illness and of mental hospitals. In order to reach the citizens who have neither occasion nor inclination to visit the hospital, the hospitals are visiting *them*—via the airwaves.

In Pennsylvania the Harrisburg State Hospital ran a series of thirteen programs over local radio station WKBO. The half-hour programs were broadcast one evening a week. Although tape-recorded and transcribed, they gave the illusion of "live" broadcasting through the use of on-the-spot interviews.

To achieve continuity, the narrator followed the progress of a hypothetical patient, "John", from the time of his admission to his return home and subsequent adjustment in his community.

In accompanying "John" as he participated in O.T. and Industrial Therapy, received various forms of treatment, went to staff meeting, and on the ward, the narrator held "candid mike" interviews with patients. He dropped into the dining room to discuss food preparation with the workers and food quality with the patients. When the time came for "John" to be paroled, the work of the social service department was spotlighted.

One of the most interesting broadcasts presented shock treatment. The superintendent, Dr. H. K. Petry, felt that an intelligent presentation of the treatment would dispel many misconceptions. Other programs in the series featured volunteer activities and a patients' Halloween party. The theme song and background music for all programs was furnished by patients' musical groups.

Dr. Petry says of the series' reception, "I have had many people tell me how differently they feel about mental hospitals since listening to these broadcasts. The patients themselves reacted well, listening sympathetically, and frequently thanked us as we walked about the grounds for depicting them to the public in a new and more proper light."

Radio audiences in southern California are also receiving dramatized lessons in mental health and in the work being done at Camarillo State Hospital. The Rehabilitation Therapy Department of that hospital is directing a series of broadcasts portraying mental illness in its various phases and manifestations.

Each of the half-hour programs is written especially for the hospital and recorded on their own wire-tape equipment. The tape-recordings are reproduced and distributed to numerous radio stations throughout that area of the state for transcription.

The scripts employ modern play techniques to dramatize typical case histories. They show how emotional turmoils develop and the various treatments used to arrest and unravel them. Special emphasis is placed on preventive mental hygiene and the value of early treatment at out-patient clinics. These "morals" are skillfully woven into the plot, a subtle but effective propoganda method.

The roles are played by patients, with from eight to twelve taking part in each program. A staff of fifteen other patients perform the "behind the scenes" tasks such as mimeographing scripts and tending the props and recording equipment.

Dr. Franklin H. Garrett, Camarillo's superintendent, has found that these mental health lessons to the public have had a bread-upon-the-waters effect: working on the programs is proving therapeutically benefical to the patients who participate. Dr. Garrett believes that the fine quality of the productions demonstrates the high degree of cooperation achieved by the participants. Their achievement is especially remarkable in view of the fact that none of them had any previous radio experience and work under the additional impediment of personal emotional difficulties. 19-44

LOAN LIBRARY VOLUMES REVIEWED

A new ward manual, this time from Patten (Calif.) State Hospital, will be as much in demand as most of these documents, and is now available on the usual basis. This manual includes pharmaceutical abbreviations, a bibliography to the American Journal of Nursing and the hospital's admission procedures as well as the usual ward procedures.

The recreation department of the Veterans' Administration Central Office have collected Recreation Service Information Bulletins, and these are now available on loan. While there is inevitably some official material not of general interest except to VA hospitals, an endeavor has been made to select material on the basis of its general usefulness.

In the Architectural Section of the Library is another school volume—this time on Enid (Okla.) State School (see cut). Besides the Ward Buildings shown, the volume contains description and plans of the School and Gymnasium-Auditorium Building.

LOAN LIBRARY LIST No. 5

Patton State Hospital; Ward Manual. U. S. 16c; Canada, 36c.

Veterans Administration Special Services; Recreation Service Bulletins. U. S., 42c; Canada, 48c.

ARCHITECTURAL LIST No. 3

School for the Retarded—Enid State School, Okla. U.S. 12c; Canada 24c.

WARD BUILDINGS FOR SEVERELY RETARDED CHILDREN—ENID STATE SCHOOL, OKLAHOMA

The ward buildings for severely retarded patients are nearing completion at Enid (Okla.) State School. Each building, fully equipped, cost approximately $70,000, and has a capacity of 160 patients. Each unit has four one-story wings set at angles to one another to distribute the bulk of the building into smaller, cottage-like units.

EDITORIAL COMMENT • NEWS • NOTES OF GENERAL INTEREST

NEW SUBSCRIBERS TO M.H.S.

The following hospitals bring the total number of A.P.A. Mental Hospital Service Subscribers to 375:

Evansville State Hospital, Evansville, Ind.; Eastern State Hospital, Pendleton, Ore.; Woodward State School and Colony, Woodward, Iowa; U.S.P.H.S. Hospitals at Lexington, Ky., Staten Island, N. Y., and Ft. Worth, Texas; Glenwood Hills Hospital, Minneapolis, Minn.; and Rogers Memorial Sanitarium, Oconomowoc, Wisc.

Plans are underway to boost subscriptions over the 450 mark for the next subscription year covering July 1, 1952 through June 30, 1953. The next drive for new members begins May 1, 1952.

MENTAL HOSPITALS, a monthly publication, is directed to the staff members of mental hospitals, schools and related institutions who are subscribers to the American Psychiatric Association Mental Hospital Service, 1785 Massachusetts Ave., N. W., Washington 6, D. C. Further details about any item will be supplied on request to staff members of subscribing hospitals. A postcard giving the reference number of the item is sufficient.

Readers are urged to contribute details of ideas successfully developed in their own hospitals for inclusion.

A.P.A. Officers: LEO H. BARTEMEIER, M.D., *President;* D. EWEN CAMERON, M.D., *President-Elect;* R. FINLEY GAYLE, JR., M.D., *Secretary;* HOWARD W. POTTER, M.D., *Treasurer.*

M.H.S. Consultants: WINFRED OVERHOLSER, M.D., *(Chief Consultant);* KENNETH E. APPEL, M.D.; WALTER E. BARTON, M.D.; ADDISON M. DUVAL, M.D.; GEORGE E. REED, M.D.; G. WILSE ROBINSON, JR., M.D.; MESROP A. TARUMIANZ, M.D.; GALE H. WALKER, M.D.; HARRY J. WORTHING, M.D.

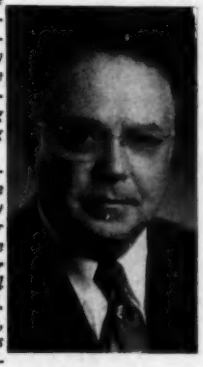
M.H.S. Staff: DANIEL BLAIN, M.D., *Director, and Editor* MENTAL HOSPITALS; ROBERT L. ROBINSON, M.A., *Executive Associate;* JOSEPH L. KOACH, A.B., *Administrative Assistant;* PAT P. VOSBURGH, *Chief, Editorial Dept.;* ELIZABETH A. KEENAN, *Editorial Assistant.* The Staff is assisted by RALPH M. CHAMBERS, M.D., *Chief Inspector,* A.P.A., Central Inspection Board, and AUSTIN DAVIES, Ph.B., A.P.A. *Executive Assistant,* ETSIE C. OGILVIE, R.N., A.P.A. *Nursing Consultant.*

M.H.S. Regional Representatives: Selected to represent different types of mental hospitals, institutions, and governmental services in all States and Canadian provinces. List available on request.

THE EIGHTY THOUSAND

For the bedside care of the 600,000 mentally ill people in state hospitals in 1951 there were about 3,000 registered nurses available and employed.

In all categories of mental hospitals—VA, private, etc. there were only 9,314 psychiatric nurses working, and twice as many many of these were employed in administrative or teaching tasks as were giving actual bedside care.



Dr. Baer

Under these deplorable conditions, the burden of the daily personal care of our patients falls upon the 81,382 attendants or psychiatric aides—call them what we will. The quality of care, therefore, depends largely upon the qualifications and training of these eighty thousand people.

One hundred and thirty-five educational programs for attendants were in operation in 1950, according to an A.P.A. survey. The length of these programs, carried on in all kinds of facilities, varied from one week to nine months. Hours of instruction varied from ten to three hundred and ninety. It is obvious therefore, that the majority of the "eighty thousand" did not receive formal training or even adequate preparation for their vital job.

This sad state of affairs makes it imperative that the development and advancement of training programs for hospital aides be given serious and immediate consideration. As Dr. William Menninger said "This is perhaps the most significant program in psychiatry today. It will put modern psychiatric knowledge and skill into the hands of the people who will use it in direct contact with patients, thus substituting therapy for custody and inactivity."

The development of such training programs becomes yet more imperative when it is realized that the small number of nurses giving bedside care will not be materially increased within the foreseeable future. The present day trend in nursing education has, alas, forced the closing of most training schools for nurses in psychiatric hospitals, and today the emphasis is upon the academic training of nurses as teachers and administrators, thus depleting still further the number of those engaged in patient care. Leaders in nursing education are facing the reality that the goal of competent patient care can be solved only by the adequate training of attendants or "nursing technicians."

The first organized efforts to meet this problem in the U. S. and Canada have been made by two Workshops recently held under the joint auspices of the N.A.M.H. and the A.P.A. People from the State, Provincial and Federal hospital systems sat around the table with people from the V.A., the Public Health Service, the National League of Nursing Education and the American Nursing Association, with the aides themselves and with their instructors. It was an across-the-table discussion of practical ways and means, as well as the "who's" and "how's" of aide selection and training.

These Workshops will lead to definite recommendations as to how we should select, train and retrain our vital eighty thousand. It is hoped that all hospital people will give wholehearted support to the solution of this all-important problem of how to obtain 24-hour-a-day therapeutic care instead of mere custody.

Walter H. Baer, M.D.
Illinois Dept. of Public Welfare

J. FREMONT BATEMAN, M.D. 1897-1952

The Mental Hospital Service has sustained a severe loss in the death of one of its Consultants, Dr. J. Fremont Bateman, on March 3.

Dr. Bateman has been part of the organization since its beginning and was responsible for many of its progressive policies. He was also a member of the Central Inspection Board of A.P.A.

He will be missed by all who have been in association with him, whether professionally or personally.

PEOPLE AND PLACES

Dr. Kenneth W. Chapman succeeds Dr. Victor H. Vogel as Medical Officer-in-Charge of the U.S.P.H.S. Hospital, Lexington, Ky. Dr. Vogel is now assigned to the American Embassy in Paris as Medical Officer in charge of the U.S.P.H.S. Foreign Quarantine Activities . . . Two recent changes in California state hospital superintendencies: Dr. G. Dean Tipton now at Mendocino, his former post at DeWitt being filled by Dr. R. S. Rood, previously assistant superintendent at Napa . . . The 400-bed nursing unit of the new Southeast Louisiana Hospital at Mandeville is nearing completion and is expected to be in operation by Spring. The new institution will serve as a research center, with supplementary staff to be provided by the medical schools of L.S.U. and Tulane University . . . Dr. Paul Haun has resigned as Chief, Hospital Construction Unit, V.A. Division of Psychiatry and Neurology, to become Assistant Professor of Psychiatry at Bowman Gray School of Medicine in Winston-Salem, N. C. . . . Elgin (Ill.) State Hospital's new Personnel Officer is Mr. Robert E. White, who filled a similar position at E. Moline (Ill.) State Hospital . . . Two new patient buildings, at a cost of $890,000, are to be built this Spring at the Lincoln (Ill.) State School and Colony . . . Ohio's Commissioner of Mental Hygiene, Dr. Calvin H. Baker, has resigned to enter private practice in psychiatry. He is succeded by Dr. Lowell O. Dillon, whose post of Assistant Commissioner has been assigned to Dr. James McGough, now superintendent of Apple Creek State Hospital . . . Two Indiana state hospital superintendencies are left vacant with the deaths of Drs. Herbert G. McMahan and M. W. Kemp, in February. Dr. McMahan was superintendent of the Norman Beatty Memorial Hospital in Westville, and Dr. Kemp headed the Madison State Hospital . . . Dr. Clifford L. Williams is the new superintendent of Central State Hospital in Indianapolis.

Three-Part TBC Program Started at Milledgeville

By T. G. Peacock, M.D., Superintendent, and
Dr. Zlatan Domancic, Medical Director, TBC Service

Dr. Peacock

The tuberculosis control program at Milledgeville (Ga.) State Hospital will consist, when completed, of three parts: (1) Case finding, (2) Isolation with medico-surgical treatment, and (3) Psychiatric treatment.

In case finding, a twofold effort is being made: first, with new patients, and second, with patients already in the hospital. Every newly admitted patient gets a regular 14" x 17" chest X-ray plate as part of a routine examination. This makes it possible to detect and isolate cases at once, thus preventing possible propagation of infection among other inmates. With nearly 11,000 beds, however, we often have patients who develop an active disease. Since the overwhelming majority of our hospital population suffer from chronic mental conditions, often with pronounced withdrawal and/or mental deterioration, many of them hardly ever complain about minor sensations such as a low fever, anorexia, etc. Consequently, there is a rather significant number who, when discovered, show the disease already far advanced. This in turn makes treatment far less efficacious.

The most effective method of discovering such cases is, of course, mass X-raying. Thanks to the Public Health Department and its Division of Tuberculosis Control we were able to comb through our institution twice in the last two years. The results have been gratifying. In spite of this, substantial number of cases were picked up in between these surveys. A clear majority of these suffered from acute conditions and progressed so rapidly that they came to represent the bulk of our far advanced cases. We decided therefore to set up a continuous survey program with our own 4" x 5" films about four times yearly. We hope in this manner to be able to discover the acute cases and thus prevent a too-late diagnosis with all its unfavorable implications.

New Isolation Unit

A patient once suspected of tuberculosis is transferred to our Tuberculosis Department. This department consists of three buildings and has a capacity of 750 beds.

We have organized a special laboratory to satisfy the needs of our Tuberculosis Department. The emphasis is on bacteriology and particularly, on tuberculosis. For the time being we have to rely principally on gastric concentrates and cultures. We intend to enlarge our laboratory facilities by constructing a new building in which animal inoculations will be done as well. In addition, we will do all the bacteriological work of the hospital in order to relieve our Central Laboratory.

We have a consulting bacteriologist. As soon as a new patient is transferred we concentrate on bacteriological studies. Except in those cases (less than 10%) who cooperate well and can furnish us with a satisfactory sputum specimen, gastric specimens are taken.

These studies usually eliminate patients with non-tubercular conditions. They have revealed many lung abscesses, some fibrocystic disease, Loffer's eosinophilia syndrome, etc. Some of these may require surgery and nearly all need treatment. We place these cases on a special ward. With them there are also "former tubercular" patients whose disease has been satisfactorily checked and who no longer require special care and/or treatment. To prevent any possible new break-downs they are being checked at regular intervals, but thus far we have observed none.

Except in an emergency, we refrain from giving chemotherapy for tuberculosis until we have our diagnosis confirmed bacteriologically. We also try to determine whether there are any endobronchial or other lesions of the mucosa of the respiratory system. If we find any, or if the patient shows acute clinical symptoms, we start chemotherapy approximately six weeks before collapse treatment is initiated. As a rule and especially if we think that a patient might later require chest surgery, we try to get by with as little streptomycin as possible, so that the surgeon can make proper use of it when the time comes. There are some rare instances where a pneumoperitoneum or pneumothorax has to be started on the basis of a working diagnosis, but as a rule we start our collapse treatments only after a final diagnosis has been made. Psychiatric treatment accompanies physical therapies.

This purely medical activity has already accomplished a great deal in a psychiatric respect. In our experience, there is no patient who, in due time, cannot be taught to cooperate to a certain extent during treatment.

With regard to the mental condition of our patients, they can be divided for practical purposes into three separate groups: (a) Chronic group, (b) Infectious group, and (c) Non-psychotic group. As a result of the medication and treatment, the patients of the chronic group sooner or later improve mentally, becoming more accessible, and cooperating better. It is remarkable to observe that up to 95% of them become continent, although they may have been incontinent for years before collapse treatment was started.

The infectious group, a little under 10% of those under active treatment, is represented in part by those in whom tuberculosis has caused an acute mental condition, probably as a result of high toxicity, the reaction being expressed in a toxic delirium. In our experience thus far, all of those patients have made a full recovery a few weeks after the toxic condition was checked, usually with energetic chemotherapy. Another part of this small group consists of those people whose awareness of being infected with tuberculosis was, roughly speaking, more than they could bear, and resulted in a certain amount of personality disintegration or dysfunction. This type of patient, too, responded excellently whenever the toxicity could be brought under control. Although all of our cases in this category thus far were schizophrenic, there were still remissions.

The third group, the non-psychotic, consists of a small number of neurotics and alcoholics. There is probably a much larger number of neurotics in regular tuberculosis hospitals than in a truly mental institution. It seems to us that both neurotics and alcoholics should be hospitalized separately from the rest of the patients for obvious reasons.

The chronic group also includes a certain number of excited or noisy people who should be segregated so that the bed rest program of the others will not be disturbed. This, under ideal circumstances, requires a special building or ward. Since we have no separate buildings for these groups, we try to divide the patients by placing them into different wards and rooms, which has proved to be a fairly satisfactory solution. It seems to us that the best time to start with psychotherapy with this chronic group is at the point where the patient has shown obvious signs of mental improvement and has become to a certain degree accessible. As a rule electric shock treatments cannot be given for obvious reasons,* so that whenever one deals with hyperkinetic (catatonic) or hyperactive (manic) patient, heavy and prolonged sedation becomes necessary. Incidentally hypokinetics or even stuporous catatonics have often shown a remarkable clearing of their lesions without any active or medicinal intervention, probably as a result of considerably decreased or even total inactivity. As a rule, however, one cannot get the majority to maintain adequate bed-rest, and it is surprising to see how often even the far advanced cases do well in spite of this. It is our impression that this improvement can only partly be attributed to collapse measures and/or chemotherapy.

In many cases collapse measures do not represent the final treatment but rather a preparatory one for some type of chest surgery. This is true for a rather large number of cases. Many of these patients could be handled outside but the remaining majority cannot go to a general hospital. Consequently chest surgery is a necessity if one desires a complete treatment program. To this end we have engaged a consulting chest surgeon. Our program now consists of bronchoscopies, thoracoscopies, phrenics, and other "minor" procedures. We have yet to start with thoracoplasties and shall enlarge the program later to lobectomies, segmental resections, etc. Since we already have a number of cases well prepared for surgery, we hope to have this part of the program in full swing as soon as some minor technical problems are solved. This part of treatment will be done at our Department for Surgery where necessary surgical facilities as well as proper post-operative care is provided for.

As this is a psychiatric hospital, we believe that our patients should not be deprived of the benefit of psychotherapy, particularly because this seems to be the only practicable approach to their mental condition. While a few neurotics and patients whose mental disorder was caused by tuberculosis, would benefit by individual psychotherapy, this is impossible on a mass scale. We are therefore going to try psychotherapy and specifically psychodrama. We intend to build two stages on the respective wards and are now engaged in preparatory activities to initiate this plan. We have no experience as to the possibilities of psychodrama with our tubercular patients, and no doubt there will be a number of problems peculiar to this group. This program of course requires at least one psychotherapist for individual therapy as well as a group psychotherapist. We are fortunate to have on our staff a psychodramatist who will shortly start directing this treatment.

---

* (This is contradicted by many who find that electric shock does little harm if any to the lesion. Ed.)

Physical Facilities for Case Finding in TBC

By Dr. Ralph M. Chambers, APA, CIB

The prevention and treatment of tuberculosis is a major problem in our large mental hospitals. That we have not been entirely successful in our efforts in this direction is shown by the high death rate from this disease in many institutions.

A successful program cannot be conducted without well trained personnel and adequate facilities. Hospital accommodations of sufficient capacity to take care of both arrested and active cases will be needed, and a number of small wards should be provided to enable the physician to classify his patients.

Isolation should be as near complete as possible. This means a separate building with kitchen and dining facilities. An incinerator should be provided to burn all waste, including table waste and facilities for sterilizing soiled linen before sending it to the laundry should be provided. Sterilizing equipment should be installed in all departments and facilities for surgery, X-ray and dentistry should not be forgotten.

A staff of physicians and registered nurses who have had special training in the treatment of tuberculosis will be necessary if adequate treatment is to be made available.

Once such a unit has been established the problem of case finding can be attacked. All new admissions and all new employees should be X-rayed soon after arrival. All active and suspicious cases should be isolated immediately.

The resident population should be surveyed at least once a year and better results would be obtained by reducing the interval to six months. These routines must be performed with great care. All cases must be examined and suspects must be held until all suspicion has been removed.

Preventive measures to protect employees, visitors and patients are extremely important and extensive education programs will be required if they are to be practised successfully.

Need for Qualified Nurses For NP-TBC Patients

By Elsie C. Ogilvie, R.N.
Nursing Consultant

If mental hospitals are to take their part in assisting in the control program of tuberculosis, a well-conducted psychiatric tuberculosis unit should be our goal. To achieve this we must have qualified nursing staff for such units. Competent leadership in the well directed nursing care program can only be supplied by a person who has the knowledge and understanding acquired by a broad experience in both tuberculosis and in psychiatry.

Miss Ogilvie

As Dr. Tompkins said in his editorial last month "energetic tuberculosis projects are in effect in a number of state hospital systems and in Federal institutions." Elsewhere in the piece, he said "A tuberculosis control program includes both patients and personnel."

Psychiatric hospitals are certainly aware of the need for proper clinical facilities for the care of tuberculous patients, and many units have recently been built or are in course of construction. Psychiatric hospitals recognize the part they play in the community as casefinding centers; investigations of all patients within the hospital, all new admissions and all personnel are part of the routine.

Nor does the old assumption that a good deal of the care of the TBC patient is custodial apply today. Recognition of the importance of the education of the patient himself and of the personnel has played an important role in the advances which have already been made in the control of this major public health problem.

But in psychiatric hospitals we have another major factor to deal with—the fact that it is not always possible to educate the patient in this way. It is essential therefore, for the nurse in charge of the TBC unit to have had preparation and experience in psychiatry. It is essential for her to be able to recognize and understand the problems she encounters in trying to get cooperation from the patients and to be able to devise methods of dealing with them. Secondly, she should have had an advanced clinical course in tuberculosis nursing, so that she recognizes the importance of total care.

This nurse, with psychiatric preparation and advanced preparation in TBC nursing who is in charge of the unit, should be able to carry out more effectively a similar type of patient and staff education program to that practised in a recognized tuberculosis sanitarium. The education of the patient is done under the direction of psychiatrists and TBC specialists; the education of the personnel is done with the assistance of the medical staff. The nurse's responsibility should be recognized and assumed for conducting continuous education programs, including isolation techniques, the importance of precaution in contacts, knowledge of treatments and rehabilitation. It is she who must continually emphasize the important role that each member of the staff plays in the total nursing care of the patient.

While realizing that in all our psychiatric facilities there is a shortage of registered nurses, I am nevertheless suggesting that the nurse who is in charge of the TBC unit must have had appropriate preparation. It would of course be desirable to have more registered nurses in these units similarly prepared, so that there would be 24-hour coverage by a qualified supervisor.

A systematized orientation program for all ward-employees should be initiated, and a continuous, total teaching program should be in effect at all times. Treatment, rest, proper hygiene and good nutrition are some of the fundamental principles of therapy for all tuberculous patients.

In our psychiatric units it is essential to understand and to interpret to the nursing personnel the difficulties encountered in getting the patients to cooperate—the overactive patient who needs rest, the nutrition problem and the many other difficulties which complicate nursing care.

In order to give these patients the maximum benefit of available treatments, new drugs, etc. personnel must be taught the importance of observation, accuracy of reporting and so forth, and also the related problems in view of the psychiatric illness. All phases of teaching should be interpreted in the light of understanding of the complications of these disease entities.

This type of continuous education can best be carried out by a nurse who has specialised in both TBC and psychiatric nursing.

TEXAS HOSPITAL INITIATES TUBERCULOSIS CONTROL PROGRAM

By Ben Yeager, M.D., Superintendent,
Wichita Falls State Hospital, Texas

Dr. Wayne Reser, chest specialist, is the consultant for our tuberculosis service and is assisted by one of our staff physicians. Two days a week are set aside for treatments—pneumothorax and pneumoperitoneum, following the fluoroscopic examinations. One surgical technician is assigned to assist with the treatments, recording and charting the findings. Attendants assigned to the service have received three months of intensive treatment; however, the need for constant supervision and continued education must be encouraged in order to develop and improve conditions.

All patients are thoroughly screened and X-rayed on admission. If the X-ray findings are positive, the patient is isolated in either the active or convalescent tuberculosis cottage and sputum or gastric content examination, sedimentation rate and fluoroscopic examination. Minor surgery, such as the phrenic crush and pneumolysis, is indicated if the patient does not respond to other treatments. In the past month arrangements have been made to obtain the services of a chest surgeon who will perform major surgery, such as thoracoplasties and lobectomies. Each building has a treatment room and a fluoroscopic room equipped with a fluoroscopic machine. The arrangement in the building has made it difficult to establish the clean and contaminated areas. The linens and gowns in this service, are dyed yellow in order to facilitate proper laundry service and prevent further contamination.

PATIENTS

TOPEKA STATE ESTABLISHES OUT-PATIENT CLINICS 17-37

TOPEKA (KANS.) STATE HOSPITAL has now established two out-patient departments, one for adults and one for children, with a separate psychiatric team for each. These teams consist of a psychiatrist, clinical psychologist and social worker, together with psychiatric residents. Both departments are administered as one unit however and both accept patients from anywhere within the 27-county area which this hospital serves.

Patients pay according to their means on a sliding scale up to $10 a visit. They may request appointments themselves or may be referred by their physicians or by social agencies. The adult department also carries some of the patients paroled or discharged from the hospitals and screens some of those seeking admission.

In the children's department, the parents are required to visit before the children are sent, and as a rule children are not treated unless the parents also take part in the treatment. The age range for children is from 6 to 18. This department also screens applicants for admission to other state institutions when the applicaions come from areas near this hospital, but some distance from the other institution. For example, the State Institution for the Mentally Retarded is 200 miles from Topeka, so it is more convenient for many parents to bring their children to Topeka for screening instead of having to take them the longer distance.

Superintendents Discuss Aspects of School Administration

2. THE STATE SCHOOL AND THE COMMUNITY

By Anna T. Scruggs, Superintendent, Enid State School, Oklahoma

Mrs. Scruggs

Ten years ago the state school did not have a place in the community except in a physical sense. Socially it was isolated, and this isolationism existed because the school had little to show the public. It was looked upon more or less as a custodial institution. Appropriations and staff quotas being what they were in those days, the school lacked educational, recreational and musical programs as we know them today. Nominally visitors were invited, but they were not actually welcome.

Modern methods of care, training and treatment have changed all that, however. Today the state school takes its place in the community as an establishment offering special education to a large group of children who cannot be taught by the public schools. Now we can open our doors to the public and say, proudly, "This is what we are accomplishing." And by doing so we are acquainting the citizens, legislators and voters alike, with the needs of our school and with the overall problem of mental deficiency. Public support is vital to our progess. People must see what we have, know what we need, appreciate what we accomplish and understand our problems.

This cannot be achieved by resting on our laurels. Good public relations seldom simply happens but results from untiring efforts on the part of school officials. Public relations is, of course, a selling job. The commodity the state school has to sell is its program, and thus its worthiness of support.

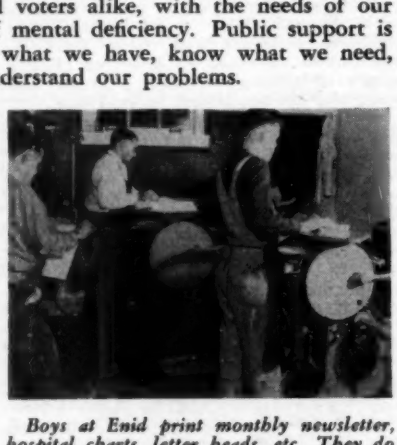
In this respect, two groups of "salesmen" should not be overlooked—the parents and the employees. Our Parent-Guardian Association, in addition to the many direct gifts it has provided the school, worked tirelessly last year to "push" the Building Bond program. The issue was successfully voted to finance new construction for all state institutions.

No program, however well planned, can fully succeed without the wholehearted support of staff members. If they are made aware of the goals anticipated and, whenever feasible, given a voice in policy planning, their willing cooperation is assured. The employee's attitude towards the relatives who visit, his casual comments concerning his job, his remarks to acquaintances, are reflections on the institution. Oftimes the school is judged by such remarks, complimentary or otherwise. Every effort, therefore, should be made to inspire the employee's confidence in the school program.

Participate in Community Life

There are many ways of attracting public attention and support. In our case we have been most fortunate in having the cooperation of the local newspaper, the leading weekly in northwest Oklahoma with a circulation of 15,000. It carries a regular weekly column about our school's activities written by a member of our staff. The school was also spotlighted on a thirty-minute radio program entitled "This is Enid", a public service feature of the local radio station which presents facts about leading community activities. Our concert band, along with one of the parents and myself, appeared on a television program sponsored by the Oklahoma Committee for Mental Health. We gained further recognition when one of our employees received an award from the National Association for Mental Health as an Aide of the Year.

The school superintendent who takes advantage of every opportunity to bring the school's activities out into the public eye will find his efforts repaid in new interest in the institution. Sometimes the rewards are material. Sponsors for boy scout troops, trips to stock car races and other projects have resulted from my serving as speaker on club programs.



Boys at Enid print monthly newsletter, hospital charts, letter heads, etc. They do printing for other state institutions, too.

Encourage Visitors

Since it is not always possible to take school functions out into the community, however, it is evident that the people must come to the school. The superintendent who encourages visitors, makes them truly welcome and takes time to explain any phase of the work usually wins friends for the school.

Most visitors are deeply impressed. Few have realized the magnitude of the undertaking or the results obtained. They often express surprise particularly at the accomplishments of very retarded pupils.

Classrooms with colorful displays and excellent teaching methods employed are always impressive. Visitors enjoy the occupational therapy department where interesting projects are being worked on. The band, orchestra and recreational activities present a pleasing part of daily operation. Few people can resist a happy child, and if seen in pleasant surroundings, well groomed and content, the pupil himself is likely to assist materially in giving the visitor a favorable impression.

A visit to the laundry generally brings favorable comment, especially from women visitors, as does our beauty parlor. The dairy and pasteurizing plant are concrete evidence of good business methods. Business men are quick to appreciate that sound business practices in a state institution make their tax dollars go further. They approve our set-up for complete property control and realize that our business management problems are those of a small city.

Besides the individual visitors, planned programs bring many people to our school. It takes effort, of course, to prepare a program and serve dinner for a civic group of a hundred or more, but the results are gratifying. One civic club, after a luncheon meeting at the school, put on a drive to purchase playground equipment and band uniforms. They also sponsor an annual Christmas party for the pupils. Another club gave a truck load of toys and money for recreation.

It has been found most helpful to invite the local medical society for a dinner meeting each year. This presents an opportunity for this interested group, few of whom have time to make a special visit, to keep in touch with our program. The state association for mental health meeting at our school brings people vitally interested in our problems face to face with actual operation. Coming from all parts of the state and working as volunteers in this field, they have much to contribute in advice and support. The ministerial alliance whose members come out for church service week after week learn to know and love our children.

The general public, too, responds to our invitations. Hundreds of visitors attend our open house festivities at Christmas. The fire department brings the hook and ladder truck with Santa atop. Local merchants shower fruit and goodies on the children. Clubs hold gift exchanges and send the presents to us. Our band plays for the Salvation Army Christmas celebration in the Civic Center and all pupils enjoy monthly birthday gifts from this organization.

Life's most thrilling experience is in store for the leader who works at making life happier for "the least of these". Giving others a chance to serve increases not only the benefits to the recipients, the children, but brings the school into a healthy give-and-take association with the community.

The state school need no longer be the skeleton in the community closet. We have come out of the shadows into our rightful place in the sun.

The OT shop at Enid has four looms like the one shown. All the objects on the shelves were made in the class.

Group Sessions Benefit Families

by Marguerite M. Parrish
Director of Social Service
Pontiac State Hospital

A GROUP therapy program designed to fit the varied needs of the relatives of patients hospitalized for mental illness was initiated in July 1951 by the Social Service Department of the Pontiac (Michigan) State Hospital by the Medical Superintendent, Doctor P. V. Wagley.

Meeting once a week for an hour, the session is conducted by two psychiatric caseworkers, Mrs. Marian Henderson and Mr. John Taber, under the supervision of the Director of the Social Service Department, Miss Marguerite M. Parrish.

Relatives were told that the program was to give them an orientation to the hospital and mental illness, acquainting them with the hospital's procedures and therapies, its departments and their functions, and the functions of the personnel. It was felt that to indicate that these were therapy sessions might be too threatening; thus therapy operated somewhat indirectly.

As we anticipated, the first few months found the group constantly changing in character—many relatives came out of curiosity and never returned. Some discontinued attendance after the release of their relatives while yet others came, felt threatened, and returned only periodically. Eventually, however, a consistent core of relatives established itself as "the group" and attendance became predictable and quite constant. The group number then assumed an average of twenty relatives at each meeting.

Until a fixed group was established. there was a period during which basic information items were necessarily repeated for the benefit of newcomers. Various departmental representatives spoke to the group each week, and explained each department function and general contribution to the welfare of the patients. This was therapeutic as the relatives had been poorly informed or completely unaware of the hospital in any objective sense and felt somewhat lost in the rush and hurry of a large institution. The group program helped them to feel a part of the hospital situation and to that extent less isolated from the patients. Previous ignorance about the hospital and mental illness had given rise to many anxieties, suspicions and hostilities. Informal discussion gave the relatives opportunity to ventilate these feelings. Those with hostile attitudes found freedom to express their attitudes, and usually found that some of the others had had satisfactory experiences in similar situations. Thus, they found support and enlightenment, were able to accept the hospital, and entered into the group situation with much less apprehension and hostility.

Interest in Mental Illness

As time progressed, the group became satisfied about simple hospital facts and indicated an interest in the dynamics of mental illness. This had, in large part, been resisted by the group which had clung to such curiosities as how clothing is taken care of, etc. Now it seemed able to tolerate more meaningful material.

Allowing the group to set its own pace, the workers cooperated in a somewhat testy discussion of the etiology, symptomatology and therapeutic aspects of mental illness. In this phase the group was manipulated so as to arrive at its own answers. Some of the material aroused anxiety and a few members who had previously been punctual became erratic in their attendance. An average of twenty people, however, remained with the group. Sessions from that point on were filled with discussions of personal conduct, thinking, personal and interpersonal relationships, etc. all of which found criticism or support from group members. One mother attends the session filled with hostility toward, and fear of, the hospital. She cannot understand why the hospital does not "do something" for her son. She brings a torrent of negative feelings to each meeting, but only unleashes them on occasion. At such times she denounces the hospital and the staff and cries bitterly. The group intuitively says nothing and uncritically permits her this full expression of her grief. This woman leaves the sessions quietly and sometimes with a smile.

We feel that this program has done two things: (1) Acquainted the public and thus the community with the hospital and mental illness; (2) Given the opportunity to a small group to search within itself for understanding of its own feelings and attitudes toward human behavior. The very sharing of their problems is therapeutic to many—the expression of their feelings is a catharsis to others and many have eased a pressure of guilt which had weighed heavily upon them. These relatives spontaneously, within the group, discuss their appreciation of the sessions and point out how the program has not only enlightened them, but has helped them improve their relationships with the patient and to grow beyond community attitudes of prejudice, ignorance and fear which had forced them to conceal their relatives' illnesses within a shell of secrecy and shame. Many of them have found a semblance of peace within themselves where before they had known only isolation and torment.

Over 1200 advance orders for the new revised "Diagnostic and Statistical Manual of Mental Disorders" are now being filled as rapidly as possible in the order in which they were received.

An order form is enclosed with this issue of MENTAL HOSPITALS and it is suggested that you place your order as soon as possible.

PUBLIC RELATIONS

CASE HISTORY BRIEFS SENT TO GENERAL PRACTITIONERS IN AREA

THE NORTH CAROLINA STATE HOSPITAL at Butner publishes brief summaries of selected case histories, illustrating usual and unusual manifestations of mental illness and methods of treatment, for the benefit of general practitioners in the area from which the hospital draws patients. The articles are written by staff physicians.

In a cover letter which accompanied the first issue of *Butner Clinics*, Dr. David A. Young, General Superintendent of the N. C. Hospitals Board of Control, said, "We hope that this will be a means of the physicians in the community and of the hospital staff knowing each other better.... We hope that the separation of the psychiatric patient in a different hospital will be compensated partly by closer contact between the psychiatric hospital and the medical profession." 4-49

AWARD WINNING SUPERINTENDENT WRITES WEEKLY COLUMN

DR. MAX E. WITTE, Superintendent of the Independence (Iowa) State Hospital, which won the Achievement Award for 1950, writes a weekly column called "Your Mental Health" each Sunday in the Waterloo (Iowa) Courier. These articles are always on some psychiatric mental health subject, and many patients have been referred to the out-patient of the Mental Health Institute because of something they read in Dr. Witte's articles.

Dr. Witte writes for the layman, presenting case histories in easily understandable terms and requests suggestions for subject matter. Occasionally people write their problems without giving their names, and sometimes these letters are published together with Dr. Witte's recommendation. 4-48

HOUSEKEEPING

SPILT FOOD PROBLEM SOLVED BY "BIB"

FROM A PRIVATE HOSPITAL, Monterey Sanitarium, comes the ingenious method devised by the administrator who had experienced considerable difficulty in feeding patients tidily when they spilt their food. From a roll of upholstering material—strong cloth impregnated with plastic—they cut out a simple bib, with snap fasteners to lap up the bottom and sides to form a sort of trough in which to catch fallen food. It fastens around the neck of the patient with a snap fastener. The advantage of this type of fastener is that the bib readily folds flat for cleaning or storing. The material is impervious to stains and very durable. 17-42

TRAINING

AIR FORCE NURSES TRAIN AT N.J. STATE HOSPITAL

IN THE FIRST ARRANGEMENT of its kind, the New Jersey State Hospital at Greystone Park is giving a five-month graduate course in psychiatric nursing to nineteen U.S. Air Force nurses. The Air Force took this step to augment its supply of psychiatric nursing supervisors since the only military hospital which offers such training, Brooke General Hospital at Fort Sam Houston, Tex., can take in but ten Air Force nurses in its semi-yearly courses.

At Greystone the nurses are attending classes conducted by hospital staff and Air Force medical officers and are receiving practical experience on the wards. Air Force spokesmen in Washington said that the nurses will be working only with acutely ill patients at Greystone since that this is the type of case they will encounter when they return to regular duty.

After their five months of training is completed the Air Force nurses will be assigned to supervisory positions on psychiatric wards in military hospitals in the United States and abroad. Military authorities will then decide whether the need for additional supervisors justifies continuing the Greystone Park project.

The hospital's regular training program offers a three-month course to student nurses from twenty-one affiliating hospitals. 10-38

EMOTIONAL ASPECTS OF TBC.

(Continued from Page 1)

alcoholics, etc., a ward should be set aside for study and treatment.

Since the tuberculosis specialist is the key man in the treatment of tuberculosis, he should be well aware of the emotional factors in the patient's life. A thorough personality study of patients in planning more comprehensive treatment and the knowledge of the patient's personal history is useful for prognosis, practical management and psychotherapy.

OHIO TO PROVIDE LOCAL TRAINING FOR MENTALLY DEFICIENT CHILDREN

THE OHIO STATE LEGISLATURE, in its last session, enacted a bill authorizing the establishment of community training classes for mentally deficient children. The classes will provide training for those children who, because of over-crowded conditions in state institutions and present lack of special classes in public schools, would otherwise remain uneducated. The classes will place emphasis on social skills rather than formal book learning.

Under the new law a Country Child Welfare Board may petition the Commissioner of Mental Hygiene for approval to begin classes. The Welfare Board will make such application at the request of parents, guardians or any interested agency, representing from eight to twelve mentally deficient children in their county. The application must include evidence that each child is ineligible for regular schooling under Ohio laws, as well as medical and psychological reports regarding his educability. For the time being, children with physical handicaps will not be accepted if such handicaps require too much of the teacher's attention. All children are to be admitted on a trial basis.

The individual community programs are to be administered locally by the Child Welfare Board or another certified children's agency. It will be their responsibility to set up the classes (in conjunction with public schools) and arrange for financing. The state will reimburse the agency at the end of each school year, in amounts up to $200 per year for each child trained. In order to receive this reimbursement the Child Welfare Board must submit each June 1st, a report to the Commissioner of Mental Hygiene listing the names and addresses of enrollees and showing the amount of training each has received. The report must also contain an itemized list of such expenditures as were approved by the Commissioner and the net per capita cost of training.

The statute provides that a bureau may be set up under the Division of Mental Hygiene to operate the training program and all legally related activities. An Advisory Council of five members is working with the Commissioner to get the plan into operation. 24-1

SENILES TRANSFERRED TO NURSING HOMES

The head of the Social Service Department at Clarinda (Iowa) Mental Health Institute recently initiated a program of transferring certain senile patients from the hospital to private nursing home care. He succeeded in establishing old age assistance grants for forty such patients who had no other way of leaving the hospital. The counties responsible for them were saved about twenty-four hundred dollars a month in institution expense.

Careful inspection of the nursing home revealed that the patients are receiving care fully adequate for their condition and belong to a smaller, quieter group nearer their own age and social interests than was possible in the hospital.

The Superintendent reports that this pilot study was so satisfactory that his social worker is expanding the program to include other countries in the district.

COMMENTARY

Books
Pamphlets
Reports
Periodicals

(Commentary's chief purpose is to call the attention of MHS subscribers to articles, reports, pamphlets, books, or other documents that have been published elsewhere and are of particular interest to mental hospitals. When MHS has copies or reprints on hand for distribution or loan, this fact is noted in the column. For copies of other material, please write directly to the publisher.).

The Recreation Service Information Bulletin of the V.A. Office of Special Services feature articles on Music Programs for tuberculosis patients in its February issue, Part II. The previous issue (IB 6-225) was devoted to music programs for psychiatric patients. Both these bulletins are available for two weeks' examination from our Loan Library, as they have been included in the volume of V.A. Recreation Bulletins.

The Michigan Department of Mental Health has published a 38 page Program Statement with a foreword by Governor G. Mennen Williams. The statement reviews the State's mental health needs as indicated by studies over a period of years and outlines proposed solutions. It also includes data regarding existing mental health facilities.

Psychiatrist Jack Meislin, Chief of the Physical Medicine Rehabilitation Service at Roosevelt VA Hospital in Montrose, N. Y. speculates on "The Future of Rehabilitation Therapists" in the February bulletin of the American Association for Rehabilitation Therapists. Dr. Meislin proposes a schematic outline of a five-year training course for therapists. The fifth year of the course would be spent in hospital field work with in-service training.

The respective merits of plastic and china dinnerware are discussed by the Administrator and the Director of the Dietary Department of Ohio State University Hospital in the March Journal of the American Dietetic Association. The discussion "Choosing Tableware for a New Hospital" compares the installation and replacement costs, sanitization, heat retention, etc., as revealed in a controlled study of the two materials.

Architect George Blumenauer, a hospital planning consultant, writes in the March issue of Modern Hospital on the need for neuropsychiatric units in general hospitals. Mr. Blumenauer lists some of the factors to consider in equipping N.P. units, such as noise control and psychological use of color schemes. He illustrates his article with a layout of a 42-bed general hospital with a two to four bed N.P. section.

The same issue carries an article, "Building and Equipping New Hospitals under the Controlled Materials Plan." It explains the working of C.M.P. in readily understandable terms, which should prove enlightening to those who have struggled with the official "Governmentese" version.

The National Association for Mental Health has launched a new monthly publication, the NAMH Reporter. The bulletin-type Reporter will chronicle new developments in the Association's program and activities. The NAMH has also announced that it is suspending publication of The Psychiatric Aide. This month's issue, to be the last, explains the reasons behind the decision.

FOOD

LOGANSPORT STATE HOSPITAL GETS EXTRA FOOD APPROPRIATION

UPON THE RECOMMENDATION of the Indiana Mental Health Council, the State Budget Committee has granted an additional $88,000 to Logansport State Hospital for improving patients' diets.

The Council urged the allocation after a survey showed that the funds were necessary to provide therapeutic menus for patients whose physical condition warrants special dietary attention. Logansport's increased treatment and segregation program, plus the fact that it has been designated as the center for tuberculous mental patients in Indiana, were considered in granting the increased food budget. 6-13.

COMMITMENT

STATE POLICE OBSERVE MENTAL HOSPITAL PROCEDURES

AS PART OF PERIODIC REFRESHER courses in State Police methods, New Jersey State Police are spending an afternoon at the State Hospital at Trenton. There they review commitment and admission procedures, methods of handling disturbed patients, and are shown the more prevalent types of mentally ill patients. The groups are also taken on a tour of the hospital with special emphasis on the Criminal Building. The afternoon concludes with a question-and-answer period in which the policemen may clarify individual concepts about mental illness and the hospital.

These orientation sessions, held at three month intervals, are in addition to the ones given at the hospital for the annual classes of State Police recruits.

The program has been so successful that the Executive Officer of the New Jersey State Police hopes to devote more of the training schedule to this particular phase of the medical problems which the men encounter in their everyday work. 5-6